## EXHIBIT C

				90 - 0:
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage	06	5-10725-LBR		
Company  NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
arising after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address		statement giving particulars		
Richard Small&Jacqueline Small Trustees of the Small Family Trust		Check box if you have never received any notices		
Richard Small		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
4801 Calle Santa Cruze		Check box if this address	ONE OF THE DE	
Prescott Valley Az 86314		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( ) Tel #928 759 900	67	court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace	a previously	filed claim dated
1 BASIS FOR CLAIM	D. L			<u> </u>
Goods sold Personal injury/wrongful death		penefits as defined in 11 U S		Unremitted principal
Services performed Taxes	_	salaries and compensation (finding displayed displayed and compensation (finding displayed displ	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	rformed from	to
See Exhibit A	onpara a	, , , , , , , , , , , , ,		(date) (date)
2 DATE DEBT WAS INCURRED // /8 02	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amor	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$ Line 4 of Ex A		SECURED CLAIM		
Check this box if a) there is no collateral or tien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo entitled to priority		a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate L Value of Collateral		Known
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 5,15;	7.10
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	Taxes or penalties owed to go		• • • • • • • • • • • • • • • • • • • •
business whichever is earlier 11 U S C § 507(a)(4)	È	Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 3.51, \$6.7,00\$ (unsecured)	3	51, 5 6,7.568 secured)	( prionity)	\$ 35/, 5 6 7. b (Total)
Check this box if claim includes interest or other charges in addition to the	ie principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts court judgments mortgages security a	<i>iments,</i> su	ich as promissory notes purc	chase orders inv	oices itemized statements of
DOCUMENTS If the documents are not available explain. If the d				I SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		2007
Attn USACM Claims Docketing Center P O Box 911	Attn USA	up CM Claims Docketing Cente t Franklin Avenue	FILED JA	1 0 2007
El Segundo CA 90245-0911		do CA 90245		
SIGN and print the name and title if any of the this claim (attach copy of power of attorn		r ower person authorized to file		SA MAC
1-8-07 R - La	S.	and the		USA OMO
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	nt for up to	5 years or both 18 U.S.C. 88:	152 AND 2571	10725019 <b>5</b> 5

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	Dis	STRICT OF Nevada	PROOF OF CLAIM	
Name of Debtor	mu of Dubtor Case Number			
USA COMMERCIAL MORTGAGE COM	SA COMMERCIAL MIRTHAGE COMPANY 06-10725-LBR			
NOFF This form should not be used to make a claim is of the case. A request for payment of an administrative	for an administrative expense may be filed	pursuant to 11 USC § 503	\$ 12,95180 UNSECURED	
Name of Creditor (The person or other entity to whom it debtor owes money or property)  STAPK FAMILY TRUST DATED 4/2,  POSALIND 1 STAPK TRUSTE  Name and address where notices should be sent  ROSALIND L STAPK  10905 CLARION LAWE  LAS UEGAS NV 89134  Telephone number 702-838-4148	else you givi Che noti case Che add	cck box if you are aware that anyone has filed a proof of claim relating to relaim Attach copy of statementing particulars ack box if you have never received a ces from the bankruptcy court in this case of the address differs from the ress on the envelope sent to you by court	ny Is	
Last four digits of account or other number by which cridentifies debtor 5.277	1	ck here replaces amends a previously	filed claim dated	
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE FAMIR A		Retiree benefits as defined a Wages salaries and compete Last four digits of your SS a Unpaid compensation for so from	nsation (fill out below) # ervices performed	
2 Date debt was incurred  NOV 5, 2003	3	If court judgment, date obtain	ed	
4 Classification of Claim Check the appropriate box See reverse side for important explanations  Unsecured Nonpriority Claim \$	Securing your claim or ig it or if c) none or  If or part of which is  O7(a)(1)(A) or  earned within 180  on of the debtor's  *An  SC § 507(a)(5)	Secured Claim  Check this box if your claim a right of setoff)  Brief Description of Collate Meal Estate Motor Value of Collateral \$\(\lambda\) Amount of arrearage and other of secured claim if any \$\(-\lambda\) 49  Up to \$2 225* of deposits toward por services for personal family or \$507(a)(7)  Taxes or penalties owed to government of the secured claim of a distribution of the secured (secured)	eral  Other  Other  Director  Other  Other  Other  Ourchase lease or rental of property household use 11 U S C  In 11 U S C § 507(a)(8)  Other  Ourchase lease or rental of property household use 11 U S C  In on 11 U S C § 507(a)(1)  Other  Ourchase lease or rental of property household use 11 U S C  In our after the date of adjustment  Ourchase lease or rental of property household use 11 U S C  Outch 11 U S C § 507(a)(1)  Other  Outch 12 U S C § 507(a)(1)  Other  Outch 13 U S C § 507(a)(1)  Other  Outch 14 U S C § 507(a)(1)  Other  Outch 15 U S C § 507(a)(1)  Other  Outch 16 U S C § 507(a)(1)  Other  Outch 17 U S C § 507(a)(1)  Other  Outch 18 U S C § 507(a)(1)  Other  Outch 19 U S C § 507(a)(1)  Outch 19 U S C § 507(a)	
6 Credits The amount of all payments on this clamaking this proof of claim 7 Supporting Documents Attach copies of supporting orders invoices itemized statements of running accuments and evidence of perfection of lien. Documents are not available explain. If the documents are not available explain. If the documents are not available explain if the documents are not available explain if the documents are not available explain if the documents are not available explain. If the documents are not available explain if the documents are not available explain if the documents are not available explain. If the documents are not available explain if the documents are not	rting documents, such a counts contracts court of NOT SEND ORIGIN cats are voluminous attainent of the filing of your all any of the creditor	as promissory notes, purchase sudgments, mortgages security VAL DOCUMENTS If the ach a summary r claim, enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY FILED JAN 10 200	
1/9/07 Resalence y St ROSALIND L. ST	tack, Juster	٤	USA CMC	

→ ORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	D	יכז פורין	T OI	Navada		
				Nevada		PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	: Numbe	<sup>≥r</sup> 06	6-10725-LBR		
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					nent	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) 1-2 Enterprises LLC	els	se has file	iled a p	ou are aware that anyo proof of claim relating tach copy of statemen	ng to	
Manager Warren W Tripp	m giv	ving parti	rtıcular	irs		
Name and address where notices should be sent Warren W Tripp 250 Greg Street	not cas	otices from	om the	ou have never received the bankruptcy court in	n this	
250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	ado		n the e	e address differs from envelope sent to you b		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Ch	heck here this clain	re	replaces amends a previous	sly filed	claim dated
1 Basis for Claim Goods sold		Ħ	Wage	ree benefits as define ges salaries and com	mpensatio	ion (fill out below)
Services performed  Money loaned				t four digits of your Soaid compensation fo		
Personal injury/wrongful death			•	n		)
Taxes ✓ Other See Exhibit A				(date)		(date)
2 Date debt was incurred August 2004	3	If co	ourt j	judgment, date obt	tained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 405,856.76  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan 11 U S C \$ 507(a)  Check this box if slagency all descriptions in the claim at Time Case Filed	which is  or  in 180  tor s  a)(5)	Ammunts with residuals  Secular  Ammunts  Amounts  Amounts  Amounts  Amounts  With residuals	Cheright of  Bri Val  mount (cured coured coured)	theck this box if your coof setoff)  Trief Description of Coof Real Estate Malue of Collateral \$  Tof arrearage and other claim, if any \$ 5.8  225* of deposits towards for personal family for personal family menalties owed to gove be cify applicable parages subject to adjustment and to cases commence to case cases cas	ollateral Motor Ve. \$ Unkr eer charge .856 76 ard purch or house vernmenta agraph of t on 4/1/0 eed on or c	secured by collateral (including chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in addinterest or additional charges	dition to t	the princ	cipal a	amount of the claim	Attach	itemized statement of all
<ul> <li>6 Credits The amount of all payments on this claim has been making this proof of claim</li> <li>7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluing addressed envelope and copy of this proof of claim</li> <li>Date</li> <li>Sign and print the name and title if any of the file this claim (attach copy of power of attoring the state of the sign and print the name and title if any of the file this claim (attach copy of power of attoring the sign and print the name and title if any of the sign and th</li></ul>	nents, such racts cours ND ORIGI immous, a filing of you	th as pror rt judgme GINAL D attach a s our claim	omisson nents i DOCU a summ im enc	ory notes purchase mortgages, security UMENTS If the Fill mary sclose a stamped self-	LED J	THIS SPACE IS FOR COURT USE ONLY
1-10 c7 Warren W La	2/1					USA CMC

FCRM B10 (Official Form 10) (10/05)

The state of the s				
UNITED STATES BANKRUPTCY COURT	Dis	TRIC I	아 <u>Nevada</u>	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	Number	06-10725-LBR	TROOF OF GEARN
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma				it .
Name of Creditor (The person or other entity to whom the dubtor owes money or property) T-3 Enterprises LLC Manager Warren W Tripp	else you	has file claim ng partic		0
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks NV 89431 Telephone sumbly (775) 055, 7550	noti case Che add	ces from ck box r ess on t	t you have never received a the bankiuptcy court in the f the address differs from the the envelope sent to you by	15
Telephone number (775) 355-7552  Last four digits of account or other number by which creditor identifies debtor	Che	court ck here is claim	replaces	filed claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A		☐ V	Retiree benefits as defined Vages salaries and compe ast four digits of your SS Jinpaid compensation for s rom	in II U S C § III4(a) ensation (fill out below) # ervices performed
2 Date debt was incurred FEB 2005	3	If cou	irt judgment, date obtain	ned
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 304,220 38  ✓ Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) ronly part of your claim is entitled to priority  Unsecured Priority Claim  ☐ Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  ☐ Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  ☐ Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  ☐ Contributions to an employee benefit plan - 11 U S C \$ 507(a)  5 Total Amount of Claim at Time Case Filed  ☐ Check this box if claim includes interest or other charges in additinterest or additional charges	r claim or none or which is	Amor security S 507(a Taxes of their counts a with resonant of their security S 30422	Check this box if your claim of setoff)  Brief Description of Colla Real Estate Mot Value of Collateral Mot Value of Collateral Mot value of Collateral Mot value of Collateral Mot Mot Value of Collateral Mot Value of Colla	teral or Vehicle Other— Unknown  charges at time case filed included in 0.38  purchase lease or rental of property household use 11 U S C \$ 507(a)(8) ph of 11 U S C \$ 507(a)()  4/1/07 and every 3 years thereafter on or after the date of adjustment  304,220.38
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SENI documents are not available explain If the documents are volumed addressed envelope and copy of this proof of claim  Date  Sign and print the name and title if any, of the state of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and the si	ents, such a cts court j D ORIGIN ninous att ing of you	us promi udgmen IAL DC ach a su r claim	ssory notes purchase tts mortgages, security occuments if the mmary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY  ED JAN 11 2007
1-10 c7 file this claim (attach copy of power of attorn	Type			USA CMC

	Case	-06-10725-awz - Da	oc 8640 <u>-</u>	3—En	tered 07/14/11 16:1	8:42 Pag	e 6 of 11
				PRO	OOF OF CLAIM		
Nam	Name of Debtor Case Nun		mber				
VS A	Commercial Mu	of Debtors and Case Number	e	06-1	U725		
This fo	orm should not be used after the commencem	to make a claim for an admin ient of the case A "request" for be filed pursuant to 11 U S C	istrative exp or payment o		Check box if you are aware that anyone else has filed a proof of claim relating		
	e of Creditor and		<u> </u>		to your claim Attach copy of statement giving particulars		
		نطن الله إنهاء كائل يحدث الكام الطار كمر منشلا المرار ع	1241003365	5			
	FRED TERIA	NO			Check box if you have never received any notices		
	PO BOX 963				from the bankruptcy court or		IS PROOF OF CLAIM FOR A
	LAS VEGAS	NV 89193-6331			BMC Group in this case	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS
					Check box if this address differs from the address on the		eady filed a proof of claim with the
					envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
	tor Telephone Number (	·			court	THIS SPAC	E IS FOR COURT USE ONLY
Last fo	our digits of account or 34	other number by which credito	or identifies o	debtor	Chock here replace or armen	<ul> <li>a previously</li> </ul>	flied claim dated
1 BA	SIS FOR CLAIM			Dotuse a la	<u> </u>		Unremitted principal
	Goods sold	Personal injury/wrongful	death		penefits as defined in 11 U S		<u> </u>
١Ħ	Services performed	Taxes			salaries and compensation (	fill out below)	Other claims against services (not for loan balances)
1	Money loaned	Other (describe briefly)			r digits of your SS #		
🍱	violity loaned	Curici (describe briefly)	_	Unpaid o	compensation for services pe	rrormea from	to
2 DA	TE DEBT WAS INCUR	PED (\(\) (\(\) = 2		3 IF C	OURT JUDGMENT, DATE C	RTAINED	(date) (date)
		AIM Check the appropriate box	or boxes that				the time case filed
	reverse side for important		or boxes the	. 2001 00001			
UNS	ECURED NONPRIORIT	TY CLAIM \$			SECURED CLAIM	our dam is sooil	red by collateral (including
•		s no collateral or lien securing you operty securing it or if c) none or			a right of setoff)		red by collateral (including
	CURED PRIORITY CL	.AIM			Brief description of	_	П
		an unsecured claim all or part of	which is		Real Estate	<del></del>	e Ll Other
	entitled to priority				Value of Collateral	\$	
/	Amount entitled to priority	\$			Amount of arrearage at	nd other charges	at time case filed included in
1	Specify the priority of the cl				secured claim, if any	Ψ	
1		ns under 11 U S C § 507(a)(1)(A)			Up to \$2 225* of deposits towa services for personal family of		
		ssions (up to \$10 000)* earned wi tcy petition or cessation of the deb			Taxes or penalties owed to go		•
		her 11 USC § 507(a)(4)		<b>-</b>	Other - Specify applicable part		• (///
	Contributions to an employ	ree benefit plan - 11 USC § 507	(a)(5)	<b>L</b>	* Amounts are subject to adju- with respect to cases commen	stment on 4/1/07 a	nd every 3 years thereafter date of adjustment
	TAL AMOUNT OF CLA	AIM \$	\$	165,0	000= \$		\$ 165,00000
A	T TIME CASE FILED	(unsecured)		(1	secured)	( pnonty)	(Total)
	heck this box if claim incli	udes interest or other charges in	addition to th	ne principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
7 St	JPPORTING DOCUM	cts court judgments mortgage	porting docu	<i>ıment</i> s, sı agreement	uch as promissory notes pure ts and evidence of perfection	chase orders inv	voices, itemized statements of
1		cuments are not available, exp				•	d annialana and aanii 46 thia
	oof of claim	Y To receive an acknowled	igment or the	e ming or y	your claim enclose a stampe	a, self-addressed	d envelope and copy of this
		pleted proof of claim form n					THIS SPACE FOR COURT
		s actually received on or before y (including individuals, par					USE ONLY
l go	overnmental units)	, (, par		•			
B	MAIL TO MC Group			BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO Sup	)	
At	tn USACM Claims Doc	cketing Center		Attn USA	ACM Claims Docketing Cente	er	
•	O Box 911 Segundo CA 90245-09	911			st Franklin Avenue do CA 90245	e=11 =	D OOT 1 6 2006
DATE		SIGN and print the name and titl	le if any of th		···.	<del>- FILE</del>	D OCT 16 2006
1	0-12-06	this claim (attach copy of			•		USA CMC
	01204	Fred To	Sin	0			
Donall	ty for presenting fraudulant	t claim is a fine of un to \$500 000	nr (mnraanma	nt for up to	Function or both 19115C SS	450 AND 2574	1072500603

## FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Dis	TRICT OF Nevada	}	
Name of Dubtor		Number		PROOF OF CLAIM
USA Commercial Mortcace Con		06-10725	-LBR	)
NOTE This form should not be used to make a claim for an admini	strative exp	ense arising after the o	commencement	7
of the case. A request for payment of an administrative expense ma	ay be filed	oursuant to 11 USC.	§ 503	
Name of Creditor (The person or other entity to whom the		k box if you are awar		
Tarny R. Helms Living Trust		has filed a proof of cla claim Attach copy of		
dated 11/11/94		ng particulars	71 Statement	
Nam A		k box if you have nev		
Terry Helms 809 Usland Blvd	notic	es from the bankrupte	cy court in this	
Las Vegas, NV 89107 3719		k box if the address d		
Telephone number 702 - 258 1044		ess on the envelope se court.	ent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	1	k here replaces		
identifies debtor	if th	s claim amends	a previously file	ed claim dated
1 Basis for Claim		ليبيا		I U S C § I I I 4(a)
Goods sold Services performed			s and compensa s of your SS#.	ntion (fill out below)
Money loaned		Unpaid compe	ensation for serv	rices performed
Personal injury/wrongful death Taxes		from		to
Taxes See Exhibit A			date)	(date)
2. Date debt was incurred	3.	If court judgment	, date obtained	
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe your claim and	state the amount	of the claim at the time case filed
See reverse side for important explanations		Secured Claum		
Unsecured Nonpriority Claim \$5.577,877,40		Check this he	ov if your claim i	s secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ir claim, or	a right of setoff)	ox ii youi ciaiiii i	s secured by consierar (including
only part of your claim is entitled to priority		Brief Descrip	otion of Collaters	al
Unsecured Priority Claim		Real Esta		Vehicle Other
Check this box if you have an unsecured claim all or part of	which is	Value of Col	lateral \$ U	MAGWIN
entitled to priority		Amount of arrearag	ge and other char	ges at time case filed included in
Amount entitled to priority \$	_	<u></u>		
Specify the priority of the claim	Ц	Up to \$2,225* of deg	oosits toward pur nal family or ho	rchase lease or rental of property busehold use 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a)(7)	•	
Wages salaries, or commissions (up to \$10 000),* carned with	180 LI			ntal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debiusiness whichever is earlier 11 U.S.C. § 507(a)(4)	tor s		• • •	of 11 USC § 507(a)()
Contributions to an employee benefit plan 11 USC § 507(a	7 17			1/07 and every 3 years thereafter or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed		5577877405		557787740
Check this box if claim includes interest or other charges in ad interest or additional charges.	dition to th	(unscured) ( e principal amount of	secured) ( the claum Attac	priority) (Total) th itemized statement of all
6. Credits The amount of all payments on this claim has been	n credited a	nd deducted for the p	ourpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		-		on the count of only
7 Supporting Documents Attach copies of supporting documents of supporting accounts accounts accounts accounts accounts accounts.	nents, such	as promissory notes	purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	ND ORIGII	juugments mortgage VAL DOCUMENTS		TD 481 4 6 2007
documents are not available explain. If the documents are volu	iminous, at	ach a summary	HI	LED JAN 1 2 2007
8. Date-Stamped Copy To receive an acknowledgment of the fi	iling of you	r claım, enclose a sta	mped, self-	
addressed envelope and copy of this proof of claim  Date  Sign and print the name and title, if any, of	the moder-	or other name and		
this claim (attach eopy of power of atto	mey, if any	) <sub>4</sub>	orized to	
1/11/07/2000	V 5 5	roe		USA CMC
1 Kryktelms	rus	te-e		<u>ui a u i i u u iu iu iu iu iu iu iu iu iu iu</u>

PORM BIO (Official Point 10) (10/05)					
UNITED STATES BANKRUPTCY COURT	Dist	RICT O	I _V	evada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case N	umber 0	6-1	0725-LBR	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expe iy be filed p	nse arisin ursuant to	ng af o 11	ter the commencement USC § 503	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Irripp Enterprises Inc a Nevada corporation	else h your givin	as filed a claim A g particul	a pro ttach lars	re aware that anyone of of claim relating to copy of statement	
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	notice case Check	es from the soon the	he b	ankruptcy court in this didress differs from the elope sent to you by	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Chec	c here		places mends a previously file	ed claim dated
1 Basis for Claim  Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other  See Exhibit A		☐ Wa Las Un	ages st fo paid	benefits as defined in salaries and compensatur digits of your SS # compensation for service (date)	ation (fill out below) urces performed
2 Date debt was incurred JULY 2004	3	If cour	t ju	lgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 490,267 92  Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B)  Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	which is	Amounts secured:  Up to \$2 or services \$507(a)0 Taxes or Other \$500 ounts are	Check of s  Brief R  Value  At the of the classic content of the cla	Claim  A this box if your claim is etoff)  Description of Collaters and Estate Motor of Collateral \$ Understand the chain, if any \$ 9,078 4  * of deposits toward pure personal family or hold the collateral family or	s secured by collateral (including al Vehicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in additional charges		490267 (unsecure principa	rd)	(secured) (	490,267 92 priority) (Total) th itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu  8 Date-Stamped Copy To receive an acknowledgment of the finanderssed envelope and copy of this proof of claim.  Date Sign and print the name and title if any, of file this claim (attach copy of power of atto	nents, such a acts court ju ND ORIGIN immous, attailing of your the creditor	s promising depends of the sum of	sory s, m CUM nmai	notes purchase ortgages, security IENTS If the ry se a stamped self-	THIS SPACE IS FOR COURT USE ONLY  ED JAN 11 2007
Penalty for presenting fraudulent claim Fine of up to \$500,000 or	mprisonme	ent for up	o to	5 years or both 18	USA CMC

FC B10 (Official Form 10) (10/05)

	The second secon				
UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Dubtor USA Commercial Mortgage Company	or USA Commercial Mortgage Company Case Number 06-10725-LBR				
NOTH This form should not be used to make a claim for an administrative expense material transfer of the case. A request for payment of an administrative expense material transfer of the case.	strative expense arising after the commencement by be filed pursuant to 11 USC § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Warren W Tripp Trustee of the Tripp Enterprises Inc Restated Profit Sharing Plan	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any				
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously f	iled claim dated			
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A	Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from(date)	sation (fill out below)			
2 Date debt was incurred August 2004	3 If court judgment, date obtained	ed			
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 437,835 06  ✓ Check this box if a) there is no collateral or lien securing you only part of your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) (a)(1)(B)  Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim  The claim or none or a right of setoff)  Brief Description of Collate of Real Estate of Motor Value of Collateral subsecured claim if any subsecured claim if a	eral  r Vehicle Other———  dinknown  arges at time case filed included in 83  urchase lease or rental of property household use - 11 U S C  mental units - 11 U S C § 507(a)(8)  oth of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter			
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in ad-	\$ 437835 06 437,835 06 (unsecured) (secured)	437,835 06 (priority) (Total)			
Credits The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are not available explain if the documents are voluments are not available of the figure addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of file this claim (attach copy of power of atto	n credited and deducted for the purpose of sents, such as promissory notes purchase acts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous attach a summary illing of your claim, enclose a stamped self-the creditor or other person authorized to	THIS SPACE IS FOR COURT USE ONLY FILED JAN 11 200			
Waren w	LAA	USA CMC			

FORM B10 (Official Form 10) (10/05)

Name of Dchtor USA Commercial Mortgage Company  Case Number 06-10725-LBR  NOTH This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC \$ 503  Name of Creditor (The person or other entity to whom the dchtor owes money or property)  Warren W Tripp,  a married man dealing with his sole & separate property  Name and address where notices should be sent  Warren W Tripp  250 Greg Street  Sparks, NV 89431	UNITED STATES BANKRUPICY COURT	Dr <sup>s</sup>	TRICI C	ı <u>Nev</u>	ada	PROOF OF CLAIM
Name of Creditor The person or other entity to whom the dubtor owe suggest, springers?  Annual address where notices should he sent warrenth and dealing with his sole & separate property.  Name, and address where notices should he sent warrenth and dealing with his sole & separate property.  Name, and address where notices should he sent warrenth and address where notices should he sent warrenth armount of the address of the service any nonces from the bankruptey; court in this Check box if the address of these received any nonces from the bankruptey; court in this Check box if the address of the service performs the service and the court in the court of the property of the property of the court of the property of the property of the court of the property of the property of the court of the court of the property of the court o	Name of Dubtor USA Commercial Mortgage Compar	ny Case	Number (	06-107	25-LBR	
d.blor owes gone, v. g. property a married man dealing with his sole & separate property Norther MY TIPS? Name, and address where notices should be seat water to a second to the property securing it or if c) notice or off-part of your claim. All state the amount of the claim at the time case file Servense performed Money leaned Personal injury/wrongful death Taxes Other See Exhibit A  Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file Servense and for important explanations. Unsecured Nonprority Claim Discovered Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Linecured Priority Claim Check this box	NOTF This form should not be used to make a claim for an ac of the case. A request for payment of an administrative expens	lministrative exp se may be filed	pursuant t	ng after o II U S	the commencement S C § 503	
Last four dugits of account or other number by which creditor debtor fiths claim amends a previously filed claim dated	dcbtor owes money or property) Warren W Tripp, a married man dealing with his sole & separate property  Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431	te else you give not case	e has filed or claim A ing particulack box if ices from each box if ress on the	a proof of attach collars  you have the bank	of claim relating to opy of statement e never received an cruptcy court in this ess differs from the	
Goods sold Services performed Services pour claim and state the amount of the claim and the time case file Services pour claim, or services performed research pour claim, or a services performed research pour claim, or	Last four digits of account or other number by which creditor	Che	ck here			iled claim dated
2 Date debt was incurred  3 If court judgment, date obtained  4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file See reverse side for important explanations  Unsecured Nonpriority Claim \$,591,701.25  Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority  Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or alystic secured claim if any \$, 10,511.76  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or alystic secured claim if any \$, 10,511.76  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or alystic secured claim if any \$, 10,511.76  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or alystic secured claim if any \$, 10,511.76  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or alystic secured claim if any \$, 10,511.76  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or alystic secured claim if any \$, 10,511.76  Other Specify applicable paragraph of 11 U.S.C. \$ 507(a)(8)  Other Specify applicable paragraph of 11 U.S.C. \$ 507(a)(8)  Thouast are subject to adjustment on 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment interest or additional charges  5 Total Amount of Claim at Time Case Filed  Span 10, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes See Exhibit A		W La	ages sal ast four o apaid co	laries and compendigits of your SS # ompensation for se	sation (fill out below) rvices performed to
Sec reverse side for important explanations Unsecured Nonpriority Claim \$\frac{591,701.25}{\text{ Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. \$507(a)(1)(A) or all your claim is entitled to priority  Wages salaries, or commissions (up to \$10,000) * earned within 180 all your before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U.S.C. \$507(a)(4)  Check this box if your claim is secured by collateral filed included in secured claim if any \$\frac{10,511.76}{\text{ Unknown}}\$  Wages salaries, or commissions (up to \$10,000) * earned within 180 all your services for personal family or household use 11 U.S.C. \$507(a)(8)  Wages salaries, or commissions (up to \$10,000) * earned within 180 all your services for personal family or household use 11 U.S.C. \$507(a)(8)  Wages salaries, or commissions (up to \$10,000) * earned within 180 all your services for personal family or household use 11 U.S.C. \$507(a)(8)  Wages salaries, or commissions (up to \$10,000) * earned within 180 all your services for personal family or household use 11 U.S.C. \$507(a)(8)  Other Specify applicable paragraph of 11 U.S.C. \$507(a)(8)  **Monutate are subject to adjustment on 4/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment or with respect to cases commenced on or after the date of adjustment or with respect to cases commenced on or after the date of adjustment or with respect to cases commenced on or after the date of adjustment or adjustment of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  Supporting Documents A	2 Data daht was incurred	3	If cou	t judgn	nent, date obtain	ed
Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5)  With respect to cases commenced on or after the date of adjustment  Total Amount of Claim at Time Case Filed  Secured  (insecured)  (secured)  (secured)  (secured)  (priority)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges  Credits  The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  Supporting Documents  Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien  Do Not Send Original Documents  Date  Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	See reverse side for important explanations  Unsecured Nonpriority Claim \$591,701.25  Check this box if a) there is no collateral or lien securing b) your claim exceeds the value of the property securing it or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or par entitled to priority  Amount entitled to priority \$	g your claim, or if c) none or  t of which is  (A) or  within 180 debtor s	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other \$	Check the of setor De Real Value of arrad claim  225* of es for per (7)  penalties  Specify a	us box if your claim ff) scription of Collate Estate Moto Collateral \$_U earage and other ch if any \$_10,51 f deposits toward p ersonal family or less owed to governm applicable paragrap	eral  r Vehicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary.  8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped of the purpose of making this proof of claim.  Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).	Contributions to an employee benefit plan - 11 USC & 5	507(a)(5)	with resp	ect to co	ases commenced or	or after the date of adjustment
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary  8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped FIFT JAN 1 1 2007  addressed envelope and copy of this proof of claim  Date  Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	Check this box if claim includes interest or other charges i	_	(unsecun	<u>xd)</u>	(secured)	(priority) (Total)
	6 Credits The amount of all payments on this claim has making this proof of claim 7 Supporting Documents Attach copies of supporting decorders invoices itemized statements of running accounts, cagreements and evidence of perfection of lien DO NOT documents are not available explain. If the documents are 8 Date-Stamped Copy To receive an acknowledgment of addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any file this claim (attach copy of power of	ocuments, such contracts court SEND ORIGI voluminous, at the filing of you of the creditor attorney if an	as promis Judgment NAL DO tach a sur ir claim 6	ssory no is mortg CUMEN nmary enclose a	tes, purchase gages, security VTS If the	) JAN 11 2007

Case 06-10725-gwz Doc 8640-3		ered 07/14/11 16:19	8:42 Page	2.11 of 11
, ,	PRO	PROOF OF CLAIM		
Name of Debtor	Case Number			
USA Commercial Mortgage Company		725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER B BEING SERVICED BY THE
Name of Creditor and Address.  *** The Control of t	m_	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU I OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTER ONE OF THE DE If you have air	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number (3 10 -158-333 4		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies $q_7$	debtor	Check here replace or if this claim amen	<ul> <li>a previously</li> </ul>	/ filed claim dated
1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Taxes  Money loaned Other (describe briefly)	Wages, s	penefits as defined in 11 U S salaries, and compensation ( digits of your SS # compensation for services pe	C § 1114(a) fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to
2. DATE DEBT WAS INCURRED 12-16-2002	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
(unsecured)  Check this box if claim includes interest or other charges in addition to the	your claim our claim is	Check this box if you a right of setoff)  Brief description of Real Estate  Value of Collateral  Amount of arrearage ar secured claim, if any  Up to \$2,225° of deposits towe services for personal family of Taxes or penalties owed to go Other - Specify applicable para * Amounts are subject to adjust with respect to cases comment  17.99	collateral  Motor Vehicle  With End other charges  To James I ease or household use -1 eagraph of 11 U S C estment on 4/1/07 ar iced on or after the  ( priority) mized statement of	or rental of property or 11 U S C § 507(a)(7) 11 U S C § 507(a)(8) 12 § 507(a) ( ) 13 d every 3 years thereafter date of adjustment.
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain If the do 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	iments. su igreements ocuments is filing of y	ich as promissory notes puro s, and evidence of perfection are voluminous, attach a sur our claim enclose a stamped	chase orders, inv of lien DO NO mmary d, self-addressed	roices, itemized statements of T SEND ORIGINAL
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	BY HAND (BMC Grown Attn USA) 1330 East El Seguno	ng Pacific time, on Novembers, joint ventures, trusts are OR OVERNIGHT DELIVERY TO UP CM Claims Docketing Center Franklin Avenue Do, CA 90245	er 13, 2006 nd E11	THIS SPACE FOR COURT USE ONLY
DATE  SIGN and print the paine and title if any of the this that district popy of power of attorn  1-10-2007  Pagetty for presenting fraudulant claim in a fine of the to \$500,000 or imprisons.	ney if any) MUSTE	Winklen FAMILY'	6	USA CMC
Penalty for presenting frauduleht claim is a fine of up to \$500 000 or imprisonmen	nt ror up to s	o years or both 18USC §§:	152 AND 3571	